

Part III
US Embassy Driver Physical Exam and Testing
(Medical Examiner completes sections 1 through 5)

Driver Name _____

Date _____

SECTION 1 - VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet a denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical Readings must be provided

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
R EYE	_____	_____	_____
L EYE	_____	_____	_____
BOTH EYES	_____	_____	_____

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green and amber colors? ☐ Yes ☐ No
Monocular vision? ☐ Yes ☐ No

Meets Standard? ☐ Yes ☐ No

Applicant meets visual acuity requirement only when wearing corrective lenses? ☐ Yes ☐ No

SECTION 2 - HEARING

Standard: Must first perceive forced whispered voice greater than or equal to 5' with or without hearing aid, or b) average hearing loss in better ear less than or equal to 40 dB.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded

Record distance form individual at which forced whispered voice can first be heard. Right ear _____ feet Left ear _____ feet

Hearing aid used for test? ☐ Yes ☐ No

If audiometer is used, record hearing loss in decibels according to ANSI ZZ24.5-1951. R ear _____ 500Hz _____ 1000 Hz _____ 2000 Hz
_____ Average

L ear _____ 500Hz _____ 1000 Hz _____ 2000 Hz

_____ Average

Meets standard? ☐ Yes ☐ No

Hearing aid required to meet standard? ☐ Yes ☐ No

SECTION 3 - BLOOD PRESSURE/PULSE RATE

Numerical readings must be recorded.

Blood pressure _____ systolic _____ diastolic Pulse rate _____ beats per minute _____ regular _____ irregular Pulse rate after exercise _____
Driver qualified if less than or equal to 160/90 on initial exam. Running in place for 1 min.

If blood pressure is 161-180 and/or 91-104 on initial exam, qualify for three months only. If within 3 months blood pressure is less than or equal to 160 and/or 90, then qualify for 1 year. Documentation of treatment and control must be provided within 90 days from time of initial exam. If blood pressure remains controlled, may certify for up to 12 months at a time.

If blood pressure greater than 180 and/or 104 on initial exam, not qualified until reduced to less than 181 and/or 105. Once blood pressure is less than 181 and/or 105 may qualify for 3 months only. If within 3 months blood pressure is less than or equal to 160 and/or 90, then qualify for 6 months. Documentation of treatment and control must be provided within 90 days from time of initial exam. If blood pressure remains controlled, may certify for up to 6 months at a time.

Meets standard? ☐ Yes ☐ No

Driver Name _____

Date _____

SECTION 4 - LABORATORY AND OTHER TEST FINDINGS**Numerical readings must be recorded.**

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Urine specimen _____ specific gravity _____ protein _____ blood _____ sugar _____

Chest X-ray (every 2 years if TB skin test positive, otherwise every 4 years, unless indicated) _____

EKG (after 40, obtain every 4 years until 55, then every 2 years, or as indicated by history) _____

TB skin test (if previously reported as negative) _____

Other testing (describe and record) _____

SECTION 5 - PHYSICAL EXAMINATION

Height _____ inches Weight _____ pounds

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

BODY SYSTEM	CHECK FOR:	YES (abnl)	NO (nl)
General appearance	Markedly overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		
Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.		
Ears	Middle ear disease, occlusion of external canal, perforated eardrums.		
Mouth and throat	Irremediable deformities likely to interfere with breathing or swallowing.		
Heart	Murmurs, extra sounds, enlarged heart, pacemaker.		
Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.		
Abdomen and viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
Genitourinary system	Hernias.		
Extremities - Limbs impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		
Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness		
Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia		

Driver Name _____

Date _____

	yes	no
1) Established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control?	_____	_____
2) Current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure?	_____	_____
3) Established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a commercial motor vehicle safely?	_____	_____
4) Current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely?	_____	_____
5) Established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease which interferes with ability to control and operate a commercial motor vehicle safely?	_____	_____
6) Established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle?	_____	_____
7) Mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with ability to drive a motor vehicle safely?	_____	_____
8) Current clinical diagnosis of alcoholism?	_____	_____
9) Use of a controlled substance, an amphetamine, a narcotic, or any habit forming drug?	_____	_____

Any yes answers in the exam and questions above may be disqualifying and should be evaluated in accordance with the standards in 49 CFR 391.41 (b)(1) - 391.41 (b)(13), outlined in Part IV, and the advisory criteria promulgated by the FMCSA (Federal Motor Carrier Safety Agency). These findings should be specifically addressed in the comments section

COMMENTS:

Medical Examiner's Signature _____ Medical Examiner's name (print) _____

Address _____ Telephone number _____

To be reviewed by Foreign Service Health Provider, who will provide medical certification recommendation.

NOTE CERTIFICATION STATUS HERE: See instructions in Part iv for guidance.

- ____ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
____ Does not meet standards
____ Meets standards but periodic evaluation required. Due to _____ driver qualified only for:
____ 3 months ____ 6 months ____ 1 year ____ other(list) _____
____ Temporarily disqualified due to (condition or medication): _____
Return to medical examiner's office for follow up on _____
____ Qualified only when wearing corrective lenses
____ Qualified only when wearing hearing aid
____ Must be accompanied by a _____ waiver/exception

Foreign Service Medical Provide's (Reviewer) Signature _____